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→ RTP PATENTS (2)010/013 /0/538/33

DECLARATION FOR "371" APPLICATION

TO DECLARA	TION FOR UTILITY OR D	ESIGN PATENT	PG5043		
COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT				First Named Inventor:	
APPLICATION WITH POWER OF ATTORNEY			Peter Rob	ert	
			BOYD		
			Complete if	known:	
) Declaration submitted with initial fil	ing or	•	App No.:		
) Decimation 22211	line (surcharge required 37CFR1.16(c))				
) Declaration submitted after initial fi	ling (surcharge required 37CFR1.16(c))		Filing Date		
			Filing Date		
			Group Art	Ųnit:	
. •			1	:	
				†	
As below named	inventor. I hereby declare that:			1	
	address and citizenship are as stated below	next to my name.			
My residence, post office	address and chizenship are as series over		G-4 diaint	inventor	
I believe I am the original, (if plural names are listed entitled:	, first and sole inventor (if only one name is below) of the subject matter which is claim	s listed below) or an original, ned and for which a patent is s	first and joint sought on the i	hvention	
	GENE POLYMORP	PHISMS			
the specification of which	(check only one item below):			 - -	
[]is attached hereto.					
OR	0.1137	or PCT International		:	
	ted States application Serial No.			1	
Application Number PC	T/EP03/15004 filed 11 December 2003 at	nd was amended on (MM/DD	/YYYY)	•	
(if	applicable)			Ė	
I hereby state that I have as amended by any amen	reviewed and understand the contents of the dment specifically referred to above.	ne above-identified specificati	on, including	the claims,	
Y lavariados sho dutas t	o disclose information which is material to	patentability as defined in 37	CFR §1.56.	•	
I hereby claim foreign priority ber	nefits under 35 U.S.C. §119 (a)-(d) or §365	5(b) of any foreign application	other than the	United	
inventor's certificate or 365(a) of	any PCT international application which de	the box any foreign applicati	on for patent	or inventor's	
cortificate or of any PCT internati	onal application having a filing date before	e mai of the application on	nich priority is	claimed:	
PRIOR FOREIGN AND ANY	PRIORITY CLAIMS UNDER 35 U.S.C.	. 119: Foreign Filing Dat		PRIORITY	
Prior Foreign Application	Country	(MM/DD/YYYY)	5	CLAIMED	
Number (s)	GREAT BRITAIN	13 December 200		Х	
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3.				<u> </u>	
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		. United States provisional ar	polication(s) li	sted below:	
I hereby claim the benefit under	Title 35, United States Code §119(c) of an	(MM/DD/YYYY)		_	
Application No.	Fing Date	(IAIIAN DIDI X X X X X		3	
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DECLARATION FOR "371" APPLICATION

COMPINED DECLARAT	TON FOR UTILITY or DESIGN
COMBINED DECEMBER	WITH POWER OF ATTORNEY Continued
DATENT APPLICATION	WITHTOWEROS

ATTORNEY'S POCKET NUMBER PG5043

I hereby claim the benefit under 35, U.S.C. § 120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the rational or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION OF PCT PARENT APPLICATION STATUS (Check one) ABANDONED PENDING PATENTED Parent Filing Date U.S. Parent Application or PCT Parent (MM/DD/YYYY) Number POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462 Direct Telephone Calls to:

Address all correspondence and telephone calls to Customer Number 23347

Virginia Bennett 919 483 1012

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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 	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
		BOYD //	Peter	Robert
1-00	INVENTOR'S	Signature / //1 // /		Date: 26/01/2004
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[CITIZENSHIP	Stevenage (37)	Hertfordshire, GB	STATE & ZIP CODE/COUNTRY
ľ	POST OFFICE	POST OFFICE ADDRESS	City	North Carolina 27709! US
1	ADDRESS	GlaxoSmithKline /	Rescarch Triangle Park	North Caronia 277051 00
Ì		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME.	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
\ 9		PURVIS	lan	James
2-00	INVENTOR'S	Signature		Date: 26 01 2004
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١٥		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Harlow GAX	Essex, GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CHY	STATE & ZIP CODE/COUNTRY
2		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1 -	2	Five Moore Drive, PO Box 13398		
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<u> </u>			FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	PAMILY NAME	FIRST CIVEN NAME Michael	SECOND GIVEN NAME/INITIAL James
9-00 ²		FAMILY NAME STUBBINS		
3-002	OF INVENTOR'S	FAMILY NAME STUBBINS		James Date
	OF INVENTOR'S SIGNATURE	PAMILY NAME STUBBINS Signsture		James Date COUNTRY OF CHIZENSHIP
	OF INVENTOR'S SIGNATURE RESIDENCE 8	PAMILY NAME STUBBINS Signature	Michael STATE OR FOREIGN COUNTRY	James Date COUNTRY OF CHIZENSHIP GB
	2 OF INVENTOR'S INVENTOR'S SIGNATURE 0 RESIDENCE 8 CITIZENSHIP	STUBBINS Signature CITY Harlow CAN	Michael STATE OR POREIGN COUNTRY ESSEX, GB	James Date COUNTRY OF CHIZENSHIP (;B STATE & ZIP CODE/COUNTRY
0	2 OF INVENTOR'S INVENTOR'S SIGNATURE 0 RESIDENCE & CITIZENSHIP POST OFFICE	PAMILY NAME STUBBINS Signature CITY Harlow Post Office address	Michael STATE OR POREIGN COUNTRY ESSEX, GB	James Date COUNTRY OF CHIZENSHIP GB
0	2 OF INVENTOR'S INVENTOR'S SIGNATURE 0 RESIDENCE 8 CITIZENSHIP	PAMILY NAME STUBBINS Signature CITY Harlow POST OFFICE ADDRESS GlaxoSmithKline	Michael STATE OR FOREIGN COUNTRY Essex, GB	James Date COUNTRY OF CHIZENSHIP (;B STATE & ZIP CODE/COUNTRY
0	2 OF INVENTOR'S INVENTOR'S SIGNATURE 0 RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	PAMILY NAME STUBBINS SIgnature CITY Harlow POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Michael STATE OR FOREIGN COUNTRY Essex, GB CITY Research Triangle Park	James Date COUNTRY OF CHIZENSHIP (;B STATE & ZIP CODE/COUNTRY
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4-00° 2	2 OF INVENTOR'S INVENTOR'S SIGNATURE 0 RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE 0 RESIDENCE & CITIZENSHIP	PAMILY NAME STUBBINS Signature CITY Harlow Post office address GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME YEO Signature CITY Harlow CITY Harlow	Michael STATE OR FOREIGN COUNTRY Essex, GB CITY Research Triangle Park PRST GIVEN NAME Astrid	James Date COUNTRY OF CHIZENSHIP GB STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Johanna, Maria Date: COUNTRY OF CHIZENSHIP GB STATE & ZIP CODE/COUNTRY
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DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN	
COMBINED DECLARATION FOR CITETY OF ATTORNEY Continue	d
PATENT APPLICATION WITH POWER OF ATTORIGHT	

ATTOINEY'S DOCKET NUMBER PG5043

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PRIOR U.S. PARENT APPLICATIO	N or PCT PARENT APPLICATION	<u> </u>	STATUS (Check of	one)
U.S. Parent Application or PCT Parent	Parent Filing Date	PATENTED	PENDING	ABANDONED
Number	(MM/DD/YYYY)			
	;			vided below to

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Direct Telephone Calls to:

Virginia Bennett 919 483 1012

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		FAMILY NAME	PIRST GIVEN NAME	
	FULL NAME	BOYD	Peter	Robert
2	OF INVENTOR	Signature		Date:
	INVENTOR'S	2/2/4/4/mile	:	
	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	Hertfordshire, GB	GB
·	CITIZENSHIP_	Stevenage	CITY	STATE & ZIF CODE/COUNTRY
ĺ	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
l ı	ADDRESS	GlaxoSmithKline	Nescaren França	
_		Five Moore Drive, PO Box 13398		SECOND GIVEN NAME/INITIAL
-	FULL NAME	FAMILY NAME	FIRST CIVEN NAME	James
	OF INVENTOR	PURVIS	Jan	Dafe
2	INVENTOR'S	Signature	 -	Date
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l .	SIGNATURE	CDY /	STATE OR FOREIGN COUNTRY	
0	RESIDENCE &	Harlow	Essex, GB	CB
1	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
i	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
2	ADDRESS		:	
1		Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	1221	James
2	OF INVENTOR	STUBBINS	Michael	
1 -	INVENTOR'S	Signature	;	Dale 27-(1)04-
	SIGNATURE	X M		COUNTRY OF CITIZENSHIP
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	GB
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İ	POST OFFICE	POST OFFICE ADDRESS	CITY	North Carolina 27709, US
l .		GlaxoSmithKline	Research Triangle Park	North Caronna 27703, 03
3	ADDRESS	Five Moore Drive, PO Box 13398	,	
1			FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	Astrid	Johanna, Maria
1 2	OF INVENTOR	YEO	Astrio	
} -	INVENTOR'S	Signature	•	Date: 27/01/2004
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0	RESIDENCE &	City	STATE OR FOREIGN COUNTRY	GB
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4	ADDRESS	GlaxoSmithKline	Research Triangle Park	TOTAL CALORINA 2
"	ADDRESS	Five Moore Drive, PO Box 13398	·	
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